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OBSCURE CASE OF STRANGULATED FEMORAL HERNIA.

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THURSDAY, Dec. 21st, 1848, I was called, a little after noon, to visit Mrs. L. P., aged about 40, of full and rather obese habit, married a year and a half, but childless. Her case presented the common symptoms of colic. At the beginning of the attack she vomited her breakfast, but when I saw her, her stomach had been quiet for some hours. I prescribed laudanum and castor oil, with warm fomentations to the belly. When I called again in the evening, she was quite comfortable. She had once vomited the oil, but had now no sickness and no pain. Her bowels had not been moved, though "she felt sure they soon would act." The hot fomentations had seemed to increase the pain, and had been discontinued. She had taken about two ounces of castor oil and forty drops of laudanum. I directed repeated injections, and a continuance of the medicine till the bowels should be moved.

Her husband came for me again about 2 o'clock in the morning. I found her in great distress, with intermittent, colicky pains, and frequent vomiting. There was a little febrile excitement, which at both my former visits had been wanting. At my first visit, the day before, the female attendant had told me that the patient had "a swelling in the lower part of the belly," which the late Dr. J. A. Allen had called scrofulous, and treated as such. She told me this, not because it was imagined by the patient or her friends that it had anything to do with the present sickness, but because they had thought that at her last menstrual period it had been injuriously affected by cloths wet in brine, which they applied to the bowels to relieve the severe pain that attended the function of menstruation; and the return of that function being now regularly at hand, they thought it advisable to mention the matter to me. At that time I put my hand upon the tumor; it felt, to a superficial examination, like an enlarged gland, and, influenced in a measure, I presume, by the opinion of Dr. Allen, I paid no further attention to it. When called in the night, after administering to the patient an opiate, I made a more careful examination of the swelling. I found it in the right groin, in the common place of femoral hernia, over the saphenic opening of the fascia of the thigh. It had the size of a small butternut, an irregular form and various feel. It sent a process outwards

and upwards along the groin, for three quarters of an inch. This process and the upper part of the tumor were firm and inelastic. The inner and lower part of the tumor had an obscurely elastic feel, and the whole seemed rather adherent, than connected by a neck, beneath. Resonance was obscure. On my inquiring into its history, the patient told me it had been there five or six years, during which time it had varied considerably in size, and had sometimes almost wholly disappeared. "It had never troubled her much, but sometimes, when she took cold or worked hard, it would swell and become painful and tender." At such times she found it gradually disappear under the use of stramonium ointment. Dr. Allen had given her also iodine, externally and internally, and some other things.

The patient and her friends were fully persuaded that the tumor had nothing to do with her present symptoms; they were unwilling to have it meddled with, and, when they found the purpose of my inquiries, shaped their answers so as, if possible, to persuade me that there was no trouble there. My suspicions that it was a case of strangulated hernia were, however, strong; and, having bled the woman to the point of fainting, I made an effort at reduction by taxis—not so persistent, however, nor with so careful preparation, by position, and otherwise, I am sorry to confess, as it ought to have been, or as, but for the obstinacy and resistance of the friends, it would have been. It was ineffectual. Upon reflecting more about the case, my belief in its hernial character grew stronger, and I told the husband that I wished to apply a bag of snow over the tumor. This he was entirely unwilling to have done, for several reasons, but especially because her menses ought about this time to appear. My persuasions were unavailing, and I asked him to bring a neighboring practitioner, who soon came in. He examined the swelling, and, in the course of his manipulations, twice thought he had reduced it, but came to the conclusion, I believe, that he had only depressed it into the adjacent fat. On consulting together we agreed that the symptoms of the case justified a faithful attempt at reduction by taxis, under the most favorable circumstances that could be procured. Unable to persuade the friends to permit it at present, we concluded to meet again in the afternoon, and attempt reduction with the patient under the influence of chloroform—meanwhile keeping her comfortable with opiates.

I saw the patient again at 9 o'clock the same morning, and learned from the lady with whom she had formerly lived, that when she had been exercising violently, as in carrying a burden up stairs, or lifting, the tumor having been previously quite small, "would very quickly, in the course of three or four hours, she thought, swell up, and make her quite sick." By careful inquiries I fixed that point—the sudden enlargement of the tumor, after exercise, and felt sure that none but a hernial tumor could present such a symptom—an opinion that I afterwards saw no reason to change. I immediately applied a bag of snow to the groin and lower part of the abdomen, which afforded very marked relief. Though I gave opiates as freely as I dared, I did not get the woman comfortable till the latter part of the afternoon.

At 3 o'clock I again met the medical gentleman who had already seen the case with me. The friends of the patient, for reasons that it is unnecessary to give, insisted that taxis should be postponed to a later hour in the evening. At 8 we again met, the medical gentleman whom I had called in consultation bringing with him a professional friend. The patient was then perfectly comfortable (from the effect of the morphine, doubtless), and of course the friends thought she was better. Together with the patient, they were strenuously opposed to any other than medical treatment. They knew the "tumor had nothing to do with the sickness, and, if pushed back into the belly, must inevitably kill her." Finding this state of things, I cleared my conscience by stating to the friends that they were taking the patient's life into their own hands, and must bear the responsibility of the result; that were the patient my own wife I would operate with the knife without a moment's delay, if taxis did not succeed. The gentleman last called to see the case, thought it not hernia, and advised moderate doses of calomel through the night, followed by ol. ric. and elix. sal. next morning. This prescription was followed, and with such effect, that, when we met next day, the medical gentlemen who advised in the case with me were of opinion that the whole length of the alimentary canal had been opened. I saw no evidence of this, but expressed the opinion that the stools, simulating fæces, which came from her, were secreted from the colon, and consisted wholly of altered mucus. The purgative medicines brought on intense paroxysms of pain, with frequent and violent vomiting, to relieve which a blister and morphine were used.

Between this and Sunday morning, the fourth day, the symptoms underwent little change, except that the tumor—since the removal of the snow, the day before, at the suggestion of one of the medical attendants, on the supposition that the action of the bowels had become established—had increased in size and tenderness, the parts about it becoming œdematous to such an extent that it was difficult to isolate the tumor or to discover any elasticity or resonance.

Sunday morning a distinguished surgeon of a neighboring county, at my urgent solicitation, was sent for. He arrived the same evening. He examined the case, and could discover no characteristics of hernia in the tumor. He thought the obvious alvine obstruction must be from constipation or spasm, with perhaps some hysterical complication, and recommended croton oil by the mouth, and a vaginal suppository of belladonna. The friends chose to follow his advice, and accordingly I introduced the suppository, and administered, during the night—more croton oil than I should like to take myself. The patient's symptoms grew rapidly worse. Her pulse rose from 100, at which point it had been pretty steady for the last two days, to 140; the bloating of the belly increased, and her countenance became anxious. The vomiting and pain were controlled by opiates.

Monday morning the patient was evidently *in extremis*; an explorative incision could do no harm. Moved by these considerations, and by the fact that a small minority of the medical gentlemen who had seen the case, still believed it to be hernia, we were, Monday morning, on consul-

tation, unanimously in favor of a resort to the knife, and obtained the consent of the patient and her friends. The patient being under the influence of chloroform, the tumor was cut down upon. It was found to contain two knuckles of intestine in a state of gangrene. The upper and outer parts of the tumor were overlain by enlarged lymphatics, of the size of large kidney beans, and the cellular tissue adjacent was thickened and indurated. This condition of parts covered all but the lower and inner third of the tumor. The knuckles of intestine were firmly adherent to each other and to the peritoneum, which also was in a state approaching gangrene. It would best represent the condition of the tumor to say that it lay under a cap of thickened and hypertrophied cellular tissue and enlarged lymphatic glands—and was bound down by it, having its natural coverings alone, only at its lower and inner edge.

Every case of hernia is of interest, statistically, if not otherwise. This case has particular importance—from its obscurity, and as illustrating the danger of trusting to physical signs alone. CHAS. C. P. CLARK.

Middlebury, Vt., Jan. 3d, 1851.

REMARKABLE CASE OF OBSTRUCTED MENSTRUATION.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The object in sending you this communication is to inquire of you, or some of your experienced contributors, through your Journal, relative to the following case, which has come under my care, and about which I feel a great solicitude.

Mrs. J., the lady referred to, was a healthy girl, and from the time her monthly discharges were well established, about 13 years of age, she does not recollect they ever were interrupted, or suppressed three days beyond the usual time, until after her marriage in May, 1845. I was called to attend her January 30, 1846, and delivered her of the remains of a child that I supposed had been dead about six weeks. She was delivered at eight months. She did well, and soon recovered her accustomed vigor.

Jan. 23, 1847, was called to attend her in her second confinement, at the end of nine months, after having had a single menstrual discharge, subsequent to her previous confinement. In this case, parturition went on slowly, and after the lapse of fifteen hours the pains became inefficient, and finally ceased to act with the slightest degree of force. I administered ergot as liberally as I thought prudent, but without any good effect; and finding the child was dead, I did not hesitate to deliver her with forceps. Puerperal fever set in, which continued for some ten days, during which time the womb was very much inflamed, but she finally recovered, contrary to my expectation, and has enjoyed tolerable good health since, except an occasional attack of intermitting fever, and some enlargement of the spleen. She also has monthly all the premonitory symptoms of the return of her catamenia, but no external evidence has ever been given. When these symptoms come on, she complains of pain in the stomach and bowels, which she calls colic, and

afterwards in the back and loins, she says precisely as she always felt at the return of the menses. For the last six months she has enjoyed unusual good health, is rather corpulent, but has not menstruated for about four years. I thought, when her health was restored, she would have her monthly flow, and have used a variety of means to bring it about, but all without effect, and I came to the conclusion there must be some obstruction. An examination was made, and the os tincæ found completely closed. I could not introduce a small silver probe. I made several examinations, and am convinced the womb has no outlet, but is completely closed, and which goes to establish the theory that the menstrual fluid is secreted by, and within the womb, and not by the vagina, as some suppose; for her health is so good, and the symptoms of menstruation so marked, that I am convinced the fluid is secreted regularly, but cannot escape.

I am very much interested in this case, and solicit able advice, as suggested above.

Query.—1st. Did the inflammation of the womb cause sloughing of the inner surface, and subsequent adhesion? 2d. Does the catamenial secretion go on, and is it absorbed by the womb? 3d. Should an attempt be made to open the ostium; and if so, by what means? 4th. If her health is not seriously affected, should any attempt be made to force open the closure? 5th. Have you, or any of your readers, met with a similar closure in an individual who has borne children? 6th. If an incision is made, what precaution should be taken? as it is uncertain how high the adhesion extends.

Mrs. J. is perfectly willing I should do in the case as is thought best; and as her health is not suffering at present, I think there is no danger in delaying the thing until I can feel more fully justified in a remedial course.

JOHN H. WEIR.

Edwardsville, Ill., Dec. 28th, 1850.

SKETCHES OF EMINENT LIVING PHYSICIANS.—NO. XIX.

[Communicated for the Boston Medical and Surgical Journal.]

JAMES M'CLINTOCK, M.D., PROFESSOR OF ANATOMY AND SURGERY IN THE PHILADELPHIA COLLEGE OF MEDICINE.

"Nil mortalibus arduum est."

How curious is it that nature produces men, constituted intellectually, morally and physically, to act the part of pioneers—squatters, both in the wilderness of this world at large, and in the wilds of science and art. And how surely do these giants secure to themselves the finger of scorn and derision for overstepping the mark prescribed by a "just precedent." How certainly will jealous mediocrity shrug the shoulder and turn up the eye in holy horror, at the enormities of a character which it can neither fathom nor imitate.

John McClintock, the father of James, emigrated from Tyrone county,

Ireland, in the year 1807. The latter was born in Lancaster county, Penn., in 1809. The father, in the following year, moved to Philadelphia and engaged in mercantile pursuits, and was for many years successful, but in the sequel experienced the reverses almost inseparable from such business in this country. However sweet may be the uses of adversity in their result, they are truly bitter in their experience. The stimulus of poverty, to the robust mind, has produced characters which the world has admired and valued; they alone are placed upon the scroll of history. The countless numbers who have been overwhelmed, are forgotten or overlooked. Dr. Warren, in his Diary, has described the trials of a young physician through this fiery ordeal, this "vale of tears," with an eloquence and truth that leave nothing to desire. The physician in a large city, who by his mind alone can compete with rank and wealth and talent, is no ordinary man. Such is the man whose sketch we now attempt.

James commenced the study of medicine in the office of Dr. John Eberle, in 1826. He had received a good English education, and possessed considerable knowledge of the Latin and Greek languages, with a slight acquaintance with the French and German. The medical profession was the object of his boyhood dreams; he would be a doctor, and not only that, but he would be a "head doctor." Years before he had entered a medical office, he had read medical works with avidity, and had subjected his family to various annoyances, by his dissections of animals. His absorbing love of the profession, his zeal and untiring industry, made him the favorite of his preceptor. The value of such a preceptor as Eberle to the active and erratic McClintock was great. His extensive learning, his cool judgment, and general simplicity and truthfulness of character, were well calculated to lead the pupil to studious, systematic and persevering labor. After drilling him in the strictly medical portion of his studies, and giving him an opportunity to witness an extensive office practice, he transferred him to the office of Dr. Geo. McClellan, to be taught the principles and practice of surgery. To those who knew McClellan, it is no slight praise to say that McClintock was the student of whom he was most proud, and his assistant in many important operations.

During his pupilage, young McClintock enjoyed the advantages afforded by the practice of the Pennsylvania Hospital and Philadelphia Almshouse Infirmary. He attended and practised post-obit examinations and dissections with the utmost ardor. He attended the first course of lectures delivered in the Jefferson College in Prune street, in a building which the College had rented. He was the first graduate of that school, after its occupation of the present site.

The incorporation of Jefferson College formed an epoch in the history of American medicine. The question was agitated in the Legislature with a zeal and an interest, that usually characterize partizan measures. Years rolled on before the profession of Philadelphia could be reconciled to the legitimacy of a second college. These prejudices operated against the graduates of the Jefferson and other colleges, until time, talent and success verified the fact that competition in science, as in everything

else, is the life of enterprise. From 1829 to 1832, McClintock assisted the adjunct professor in the dissecting hall, and in 1833 he delivered a course of lectures on obstetrics to a private class in the College.

In 1830 he was appointed one of the vaccine physicians for the city ; this office he held until 1841. In 1832 he was attached to one of the city cholera hospitals, and was on duty in the prison on the dreadful outbreak of cholera in August. In 1838 he opened a dissecting room, and commenced to deliver lectures on anatomy and surgery to the largest private classes ever collected in this country. This was due mainly to his independence and great powers of demonstrative teaching. Neither the talented and accomplished Godman, nor the energetic McClellan, drew such classes to hear them. Avoiding all *attachment* or sycophancy to those who are *supposed* to distribute patronage to rising merit, he boldly struck out a line of action for himself, and was successful in maintaining it. In 1839 he was appointed one of the attending physicians to the Almshouse Infirmary ; which station he filled for several years. In 1841 he was appointed Professor of Anatomy and Physiology in Castleton, Vt. ; he also lectured in Pittsfield, Mass. In 1842 he returned to Philadelphia, and re-established the "School of Anatomy." This year he declined the offer of the chair of Anatomy in the Washington University, Baltimore.

He continued to lecture to large private classes up to 1847, when he applied for an act of incorporation for the *Philadelphia College of Medicine*, with the same powers as the other schools. He had no difficulty in obtaining it. In every county of the State were physicians who had been his pupils, and were his warm personal friends. The bill passed both houses, with a rapidity almost unprecedented. In the following summer the first session was held in the hall of the College of Pharmacy. Soon the Adelphi Hall, in 5th street, below Walnut, was purchased, and the second course was delivered during the winter 1847-8 in this large and commodious building, where the faculty still teach. It will thus be seen that the School has two full courses annually—one commencing in October and ending in March, the other commencing in March and ending in July. Every facility for medical instruction which Philadelphia affords is at the command of this now flourishing school—which during the last year numbered some two hundred and twenty pupils, and bids fair to improve largely in the year coming.

As a lecturer, Dr. McC. is off-hand, extemporaneous and ready—using neither written lectures nor notes. He is, perhaps, the most happy demonstrative lecturer in this country, particularly in anatomy and surgery. His denominational connection is with the Methodists, among whom one of his brothers is a distinguished preacher, and is also a classic author. The general tone of Dr. McC.'s character is that of openness and bonhomie, perhaps too frank for a cringing, wealth-loving community, who are apt to adopt Talleyrand's notion, and consider language as the means of concealing their thoughts. Feeling his own strength, he scorns the little arts of the weak, and hence is a mark for the imbecile, malicious and saintly. As an operator, he is firm, cautious and rapid, with full confidence in his own abilities. In his domes-

tic relations he is most happy, at least in the Israelitish sense, having a large and amiable family, to which he is most affectionately and tenderly devoted. This beautiful trait of character is very winning in men of his energy and ambition, and contrasts finely with the more masculine points. As a friend, he is true and faithful, and will at any time defend those whom he respects or loves. Of course, as an enemy he is equally open, decided and manly. His is the sanguine temperament, with a large head covered with light curly hair, a broad chest, and well-built and compact frame. He is well calculated to endure the labors of his most arduous profession.

Long may he live, to show to young men without friends or fortune what can be done by a manly self-reliance, and an energy and industry which will not acknowledge that there is such a word as *fail*. CATO.

SUCCESS IN THE MEDICAL PROFESSION.

An Introductory Lecture, delivered at the Massachusetts Med. College, Nov. 6, 1850,

By JOHN WARE, M.D.,

Hersey Professor of the Theory and Practice of Physic in Harvard University.

I AM forcibly reminded, gentlemen, of the rapid passage of time, by finding it again my duty, in the order of rotation, to become the organ of the Faculty in addressing the class at the beginning of another course of lectures. The topics which suggest themselves, for such an occasion, are sufficiently obvious, but, unfortunately, are not very various. One is therefore fearful that he may become tedious and distasteful, because he is obliged to treat of subjects and utter sentiments, which are repeated many times every year to many medical classes. He has, however, only to recollect, that though the materials of such a discourse may be stale to himself and to some small part of his audience, yet to the greater part of it, and to that part for whose advantage it is intended, everything may be new, and any topic, if properly treated, may be made useful.

In a profession like ours, the avenues to which are always filled by eager and aspiring competitors, the young man naturally looks forward to the day when he shall himself take his place among them. He reflects, too, with some anxiety, upon his chance for success amidst the crowd; and he would be glad to learn what the means are by which he may secure it. The inquiry constantly forces itself upon him—What are the elements of success? How am I to attain that which is the ultimate object of my exertions, the confidence and the patronage of mankind?

Is it best that this inquiry should thus engage the mind of the student? He will be told by some that he is not to think of the future, but of the present; that he is to qualify himself now, by a sedulous attention to his studies, for the duties that will by-and-by devolve upon him; and that, if he is faithful to these, he may be certain of his reward hereafter. He is told to take care of the present, and that the future will take care of itself. This, like many other popular maxims, is specious rather than solid. The advice it conveys, taken without much qualification, is not founded in wisdom. To understand the present and act well in it, we must

know something of the future, for which it is to prepare us. There is much, as I think, in the right direction of professional study, and much in the character and habits, moral and social, which the student forms, that will have a direct influence on his success as a practitioner. This it is all important that he should be convinced of in an early part of his career. I propose, therefore, to devote the time allotted to this discourse to a consideration of the Elements of Success in the Medical Profession.

But let me, in the first place, explain what I mean by success. I do not mean merely getting rapidly into a large practice and receiving a large income. This is desirable. But it may be done without what I understand by the best success. Where this is done rapidly, it is seldom done permanently. True success in medicine is that which gives to a man—after a reasonable probation—a probation which affords time for his qualifications to be really appreciated—the entire confidence of the circle in which he lives. This confidence is always a plant of slow growth. If it springs up in a night, it may wither in a night. Those qualities which afford a substantial foundation for it, cannot be made known, cannot be duly appreciated, in a short period. The same is true of any vocation—most of all is it true of ours. A suddenly acquired reputation and practice can only be the result of qualities of a superficial kind, which attract and dazzle at first, and which usually captivate a class of patients who are themselves superficial and generally fickle. In every community there is such a class, caught by every new pretension in the medical art. Large promises and an assured air of self-reliance afford a certain passport to their favor. But their favor is transient. Him whom they thus seek and trust before they can know him, they forsake as lightly. He has not the qualities which ensure a confidence worth keeping—and they have not the character which enables them to place a confidence worth keeping in anything.

No man who embarks his lot for life in our profession—no man who intends to practise it with a view to its highest usefulness to others, as well as to his own best advantage, should aim at the cultivation of the qualities that can only gain him a patronage so worthless and evanescent as this. I believe, gentlemen, I may say with truth, that everything relating to your studies, your character, your habits, your manners, your social and professional intercourse, may have an influence more or less important on your prosperity in the profession you have chosen; and my present purpose is to offer a few suggestions to aid in preparing you to acquire that sort of confidence which I have described as the only sure foundation for permanent success.

Of course I shall be expected to say that a thorough knowledge of medicine is of the first importance, and assuredly it is so. But this general statement requires some qualification. Medicine embraces a vast field of knowledge. To go over the whole of it is impossible, even in a long life. The pupil can only begin its cultivation. All this knowledge is of value; but all is not of equal value. All has some connection, but not an equal connection, with practice. Now the main purpose of the study of medicine with most of us, is to enable us to

treat disease. This is the ultimate object, which is to be kept in view at every step. It is for this end that the science of medicine exists—for this that the profession exists. This is never for a moment to be forgotten. No doubt there are some physicians whose aim is different—to whom practice is a secondary concern. They mean to acquire a great proficiency in some particular department. They mean to devote peculiar attention to anatomy, to pathology, to organic chemistry, to the microscopic study of organic forms. These are all useful pursuits, and they all have a useful bearing upon practice. But I am not speaking to such persons. The mass of medical students are to be practitioners, and practitioners only. These are the proper subjects of general medical instruction.

This I regard as a very important point. It is too often overlooked, that the final purpose of all medical study is practice. The whole circle of sciences connected with medicine has been called into existence for this purpose, and their value depends upon their connection with it. I do not mean to say that they are not worthy to be pursued for their own sakes. They are so, richly. Nowhere are the power, the wisdom and the benevolence of the Creator more wonderfully exhibited than in the human body; and its phenomena both in health and disease are as well worthy the contemplation of an enlightened mind for their own sakes, as those of chemistry or physics. But it is not as philosophers, as lovers of science, or even as admirers of the wonderful works of God, that we are called to interest ourselves in these subjects. It is solely that we may learn to treat disease. The direction and arrangement of our studies are to be wholly governed by this as their final purpose. Fortunate it is that the attainment of this purpose is not inconsistent with much of that pleasure which arises from the pursuit of knowledge for its own sake. But we are ever to recollect that this is to hold only the second place in our regard.

What, then, is that thorough knowledge of the profession which is necessary to success? A man may know a vast deal of the profession, and yet be a very poor practitioner. He may be an excellent anatomist, pathologist, chemist—nay, he may be minutely acquainted with the history and treatment of disease, and yet be totally unfit to take charge of a single patient. The thorough knowledge of the profession to which I refer in this connection, is that which will make the physician a good practitioner. The whole course of his education—the whole course of his thoughts—is to have such a direction given them as will most certainly tend to bring about this result. This makes it a matter of nicety as well as of importance, to select and give a due proportion to the different departments of medical study. Many things which it would be desirable to teach, it is not possible to teach, lest other things, more distinctly bearing on the main purpose, be crowded out. The object is to learn so much of each subject as will best qualify a man to understand and treat diseases; and the most proper education for the practitioner is that, which selects just such a proportion of the knowledge of each department as will best accomplish this end.

Hence, though it may be an ungrateful task to check the interest of

the young man in any study which he is pursuing with zeal, yet is he often in danger of expending a disproportionate share of his time and faculties on some favorite but limited subject. He may acquire so exclusive a relish for anatomy, for chemistry, for the microscope, or for pathology, as to vitiate his character as a practitioner. Not that these are useless kinds of knowledge, but that an excessive devotion to them may impair the practical tendency of his pursuits, and give them a wrong bias.

Of course it is desirable that he should be a perfect anatomist. But if he takes the time necessary to make him a perfect anatomist, he may neglect what is necessary to make him a good practitioner. After the acquisition of a general knowledge of anatomy, accurate as far as it goes, the surgeon requires a more minute acquaintance with the structures connected with accidents, operations, and surgical diseases; and the physician, with those of the organs which are the principal seats of medical diseases. It is in vain for the ordinary practitioner to attempt more than this.

The same rule is to be observed in judging of the amount of attention to be devoted to chemistry and pathology. Not that a man can know too much of chemistry, or, especially, of pathology; but that he may give to them too much time in proportion to that which he devotes to the practical branches. He cannot know too much of these, but he may know too little of therapeutics and materia medica. The point is to maintain the due relation between the several departments, and not to become devoted to one at the expense of the others.

It is a common fault among students, as indeed it is among practitioners also, to become extremely interested in some particular department of inquiry, and to pay an almost exclusive attention to this; as, for instance, to organic chemistry—to microscopic anatomy—to pathological anatomy. Such is most likely to be the case with the more ardent and enterprising among students; and their interest is apt to be particularly engaged by some of the elementary branches. This tendency is not unfrequently carried forward into professional life, and some men are thus led to devote themselves to an exclusive object of interest. This is useful to the science by adding to the common stock of knowledge. But the profession is benefited at the expense of the individual. Hence it has happened that many distinguished men in different departments of medical knowledge have failed in practice, and that some who have been very useful in accumulating materials which have made others good practitioners, have been very indifferent ones themselves. They have been sacrificed to the good of the profession.

Suppose one to devote himself, for example, to morbid anatomy. He becomes engrossed by it. It furnishes him with subjects of interest sufficient to occupy him completely. He is likely to withdraw himself from the study of ordinary diseases, and to find his chief interest in the study of those in which morbid changes are to be expected. He overlooks, or regards but slightly, all that vast amount of cases in which structural changes are not to be looked for, or in which they are not cognizable by the senses. Now such cases make up far the largest portion of those

which actually fall under our notice in every day practice. Then, too, his mind being fixed upon structural disease, and engaged in the study of cases in which it is found, he is apt to expect its existence where a man of common observation would not, because he has not become familiar with those cases in which symptoms like those of structural change present themselves independently of any such change.

Moreover, some members of our profession, both as students and as practitioners, become interested in the history of disease for itself alone, and fail in a due regard to the final purpose for which it is to be studied. I wish to make this statement clearly and carefully, because this branch of study is, in its proper proportion, the only sure foundation of a good practice. But there is danger of failing to keep constantly in mind its relation to practice; of regarding it too much as a mere scientific pursuit. This is a fault into which men of the highest education are perhaps the most apt to fall. They acquire the habit of studying disease merely as an object of science. It may, indeed, be worth studying as an object of science merely. But he who would practise medicine, must study it with a view to the practice of medicine.

Accurate diagnosis is of course essential to the good practitioner, but the student may take a wrong direction even in the study of diagnosis. He may bestow undue pains upon certain parts of it, to the neglect of others. As a striking example of this, I may refer to the paramount interest which young men are apt to take in the diagnosis of cases characterized by a few marked and salient features—especially in the minute diagnosis of diseases of the heart and lungs by physical signs. Let me not be misunderstood. I fully appreciate the value of this species of investigation. But we often give to it a disproportioned attention, and attach to it an undue value. We take great pains in determining minute points of diagnosis for the sake of detecting them, to the neglect of many circumstances in the history of diseases, the knowledge of which is of far more consequence in determining their management.

This is a very natural as well as a very common error. It is one which has certain good results. It cultivates and disciplines the powers of observation and discrimination. This is the kind of observation to which the student should first devote himself. The danger is, that he will attach to it an undue importance; that he will rest in it, instead of advancing to other modes of investigation. The exactness, and, scientifically speaking, the beauty, of its results, are captivating. There is a certainty in them which is gratifying to our pride; but we should recollect, that this is the most superficial and the least difficult of our modes of inquiry into disease, and that it affords us but a small part of the information which is necessary in order to enable us to treat it successfully.

Take, for example, the very common case of an organic disease of the heart. The minute points of its diagnosis are of great interest; they may present many nice questions which require the most careful scrutiny to decide. But suppose them settled. Suppose we have determined which cavity and which valves are diseased; and how, and how much they are diseased. Does this establish the prognosis, or the treatment?

Not at all. These depend upon entirely different considerations. The patient's age, the origin of the disease, its length, its rate of progress, the secondary affections in other parts which it has produced, the mode in which the system is affected by it, are all to receive the practitioner's attention. I believe I am safe in saying, that, in a case of this kind, the treatment is more dependent upon the manner in which other organs are secondarily affected, than upon the condition of that in which the primary disease exists. The man who merely satisfies himself, in a general way, that the heart is the seat of disease, and then investigates assiduously all the other phenomena, will, in my opinion, give far better aid to the patient, than he whose almost exclusive attention is directed to the nice determination of the local diagnosis. The ship-master who is a careful observer of the winds and currents—of rocks and shoals—who keeps a watchful eye upon the course of his ship, and trims his sails in accordance with favoring or adverse gales, though with but a rough approximation to his latitude and longitude, will make a quicker and safer voyage than the accomplished observer who can determine his place on the ocean to the fraction of a second, but neglects the other and weightier matters of seamanship.

And here it occurs to me to mention a distinction, not always sufficiently adverted to, which yet lies at the very foundation of good practice—the distinction between a pathological and a therapeutical diagnosis—the diagnosis which determines the technical character of the disease, and that which determines the principles upon which it is to be treated. In the preceding illustration the *pathological diagnosis* is the determination of the precise organic change in the heart; the *therapeutical diagnosis* is the determination of that condition of the system or of the other organs, or of the habits, or of the exposure of the patient, upon the management of which depends the cure, the suspension, or the relief of the disease, or merely the mitigation of his suffering. This condition may be in the lungs, the liver, the digestive organs, the kidneys, or in the habits of life, or the locality or the climate, in which the patient lives. The therapeutical diagnosis is far the more important. Cases of which the pathological character is precisely the same may require a treatment diametrically opposite. Some instances of this kind are so strongly marked, as to force themselves upon the notice of the most exclusive pathologist. No physician would, for example, treat the pneumonia which occurs in the last stages of chronic disease, as he would that which seizes a person in health; nor the pleurisy of a tubercular patient, as he would that of a sound man; nor the apoplexy which comes on as the result of a granulated kidney, as he would that which strikes down a robust, short-necked, plethoric individual in the vigor of life. These cases speak for themselves. But the same essential distinction runs through all cases of disease; and it is the perception and due appreciation of this fact which makes the chief difference between one practitioner and another.

Take for a further example typhoid fever. One physician, deeply skilled in pathology, makes early a perfect diagnosis. He rests satisfied with this; the great labor in the case is accomplished, and he treats it as

his teachers or as his books direct ; that is to say, he bleeds or purges, or gives calomel or antimonials or stimulants, according to the school in which he has been brought up. But another man, less expert in diagnosis, studies less carefully the signs which distinguish the precise nature of the malady, and may perhaps remain in some doubt as to the diagnosis, or he may even come to a wrong one ; but he investigates more thoroughly, and understands better, the varying conditions of the organs of the system, on which the treatment depends. Even if he does not know what the disease is, he knows what course of management will best enable the patient to contend with it successfully, whatever it may be ; and he reduces, evacuates, quiets, stimulates, supports or feeds the sick man according to the particular indications afforded by the individual case. You will find such a man sometimes using remedies in this disease, or at some period of it, which would make the former shudder ; giving wine or opium, for example, where the former would vomit or bleed—or, perhaps, letting the patient alone, and leaving him entirely to the resources of nature, in a state of things which to the former would seem to require all the resources of art.

We might multiply indefinitely examples of this essential distinction. In one case of apoplexy, to open a vein may be to raise the subject from death to life ; in another, pathologically just the same, it is to sign his death warrant with his own blood. In one case of delirium, an opiate wraps the sufferer in a delicious slumber, from which he awakes refreshed, his scattered senses restored to their propriety ; in another, it only serves to fill his mind with images more horrid than before, or to procure an uncertain and treacherous repose from which he never awakes, or, at best, awakes in a state of aggravated excitement. In short, scarcely a case presents itself in which we do not find occasion for the application of this distinction. To neglect it, to overlook it, is to fail in arming ourselves with a species of knowledge which is essential to successful practice.

It should farther be stated with regard to this distinction, that, whilst the pathological distinctions of disease are very many, the therapeutical are comparatively few. Of this we have a very clear illustration in diseases of the skin. The variations in their form, extent, and aspect, in the texture affected and the mode of affection, are very many. They are capable of a minute and accurate classification and description, and you may make of them an almost indefinite number of genera and species, all sufficiently distinct from one another as objects of pathological observation. But their successful treatment does not depend on an accurate discrimination of this sort alone, though such a discrimination may aid in it ; it depends more upon the discovery of certain morbid states of the digestive organs, of the secretions of the liver, the kidneys or the skin, or of a diseased state of the blood itself, of which the cutaneous eruption is merely one of the results. These conditions are few, and the same one of them may exhibit itself in different individuals in the production of very different appearances upon the surface. Hence the same kind of eruption may at different times require very different treatment ; while eruptions varying essentially in their pathological character may yield to precisely the same remedies.

As one of the results of this distinction, it often must have occurred to most practitioners to observe, that they can treat many cases perfectly well although they may not have been able to make out their scientific distinction; and, on the other hand, that they are quite at a loss sometimes where this distinction is perfectly clear. Hence, too, we find, that a very excellent pathologist sometimes, nay, I am afraid, quite often, may make but an indifferent practitioner; whilst some men, with a very moderate amount of pathological learning, but a large fund of sound common sense and a natural talent for nice observation, will make very excellent ones. They seize, with an intuitive quickness of perception, upon those conditions of disease on which its management depends; they learn, by an experience guided by their original sagacity, how far diseases are controllable by art, what conditions of them are so, and the agencies by which it can be done—and they apply this knowledge with a wisdom which is sometimes altogether beyond that which merely high attainments in science can confer. I am disposed, in connection with this topic, to introduce the words of one of the most eminent practitioners of our own or any time, which have a certain bearing upon the subject of which I am speaking. "I am convinced," says Dr. Baillie, "that the most successful treatment of patients will depend upon the exertion of sagacity or good common sense, guided by a competent professional knowledge, and not by following strictly the rules laid down in books, even by men of the greatest talent and experience." "A physician who should be guided by the rules laid down in books would be a very bad practitioner."

It is a result of the same course of remark that an *exclusive* Hospital Education is not favorable to the formation of the best practitioners. In the first place it leads the student to attach an undue importance to the nicer pathological distinctions of disease as compared with its therapeutical relations; and in the next place it leads him to take an especial interest in cases of a strong and decided character, which present prominent features for observation and analysis, to the neglect of those that are vague as subjects of diagnosis, but yet call more than the others for the interference of art. Thus we see students crowd around the hopeless bedside of the subject of an internal aneurism, or of organic disease of the heart, or of pulmonary consumption, where some nice stethoscopic distinction is in controversy; whilst they pass carelessly by patients laboring under complicated disturbances of the functions, quite amenable to treatment, but presenting no distinct and tangible features to repay scientific investigation. Yet, in actual practice, it is in the management of these latter cases that we can do the most good—and it is these that we are most frequently called upon to treat.

A man's character as a practitioner is often injured by a special interest in diseases of a particular class, or in modes of treatment of a particular class. He may have a hobby both in pathology and therapeutics, which he rides very much at his patient's expense. Thus one man is disposed to find everywhere disease of the stomach; another man disease of the liver; another, of the heart; and so on. Some trace all diseases to congestion; some, to irritation; some, to spasm; some, to inflammation;

and some, to the state of the blood. Having their pet diseases, they are very likely to have also their favorite remedies; and all their patients, with little regard to differences of condition, are put under very much the same course of treatment.

[To be concluded next week.]

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 22, 1851.

Royal Edinburgh Asylum.—We are under obligations to Dr. Charles A. Lee, of New York, for a copy of the annual report of the Royal Edinburgh Asylum for the Insane, for the year 1849. This report contains much valuable and interesting matter. As it differs materially from the reports which are annually issued from our own institutions, we have thought it not inappropriate to mention some of its peculiarities. It is under the patronage of the *Queen*, as its name indicates; it has its governor and deputies, extraordinary and ordinary managers, a medical board, consulting and resident physicians, medical assistants, and chaplain, besides a host of other attendants—in all, with the government, numbering nearly as many as the unfortunate inmates, themselves. The manner of conducting the immense establishment, both as regards the medical and domestic management, certainly reflects the highest credit upon those to whom the charge is entrusted. The average number of patients during the year was 473; and the number of those discharged *cured*, was equal to 45 per cent. An abstract table, in which are given the various articles of diet, with the quantity consumed during the year, certainly affords *food* for reflection, and is not without its interest. Among the quantities used, we quote the following, viz.: Roasting meat, 9237 lbs.; boiling do. 23,014; houghs, 23,028; ox heads, 46,189; oat meal, 51,333; flour, 2,899; raw sugar, 10,217; salt, 8,512; barley, 19,443; coffee, 2,501; 17,335 loaves of bread, 4 lbs. each; 364,600 do. 6 oz. each; skimmed milk, 16,386 gallons; sweet do., 5,996 gallons; beer, 5920 do.; porter, 1,040 do. That all this, besides vast quantities of other articles, not here mentioned, could be consumed by the inmates, would almost seem incredible; yet it is said to be the fact. The Asylum has connected with it a large tract of land, on which, and in the various workshops, 365 of the patients were employed, and that, too, with a *profit* to the asylum, besides the great benefit conferred on themselves by the occupation. We should judge it most emphatically a *royal* asylum, and, under its present management and discipline, a *model* one.

Zoo-Adynamia.—An inaugural essay, presented for the degree of doctor of medicine in the University of Pennsylvania, by Geo. J. Zeigler, M.D., is a very well written production, evincing much research in medical lore. As its publication was recommended by Prof. Samuel Jackson, of Philadelphia, it must be considered as above mediocrity, and its theories and speculations worthy of attention. The nitrous oxide gas, recommended by Dr. Zeigler in the various adynamic conditions, is entitled to the highest consideration. We have heard of its benefits, in intermittent fevers, in

the practice of a distinguished physician of Washington—who informed us that it would always prevent the attack, if seasonably administered—or, when on materially abridge it. The thesis of Dr. Zeigler should be read by all medical students. They will find in it a vast amount of facts which will be practically useful to them.

Dr. J. K. Mitchell's Introductory.—The introductory lecture to the course on the Practice of Medicine, by J. K. Mitchell, M.D., Professor in Jefferson Medical College, Philadelphia, has been received. Its perusal has afforded us much pleasure, and we would gladly re-publish the whole of it, for the benefit of our readers, were it possible to do so. For beauty of style, sound doctrine, and elevated sentiment, none of the introductorys this season have excelled it. Dr. M.'s theme was the "Impediments to the Study of Medicine." We give below some of his advice to the student, in his encounters with innovators in medical science.

"Should you encounter the mysterious and shadowy pretensions which, in the shape of secret remedies, or of Homœopathy, Hydropathy, Animal Magnetism and Thompsonianism, assail and perplex the profession, how can you without sound medical knowledge, philosophically founded, encounter or dissipate them? If you have nothing but opposing phenomena or unassorted facts by which to refute phenomena and alleged facts, you stand but on the same level with the empiric and the juggler, and instead of a philosophical victory you may have but a disgraceful oburgation.

"The physician who does not endeavor to found his knowledge philosophically, is in danger, not only of suffering error to prevail, but of being carried away by it himself. Were this not so, should we see medical men, who have enjoyed good educational opportunities, plunging, often honestly, I trust and believe, into a belief in the infinitesimals of homœopathy, or the Protean miracles of Mesmerism? Looking at those who lapse into such errors, you may commonly discover that they are men who are incapable by nature of seizing upon ample classifications or extended generalities, and who consequently believe in phenomena of the most incompatible character.

"A physician educated here, but who lapsed through a proclivous nature into homœopathy, came to me once for a motto for a book which he was preparing on homœopathy. As he usually consulted me when himself sick, and yet gave his microscopic doses to others, I felt no reluctance to give him a blow, so I said that once when a ranting lover on the stage cried out to his mistress, 'My wound is great because 'tis small'—the witty Duke of Buckingham added from a side box—'Then 't had been greater were it none at all.' Now, Doctor, said I, you can put that together thus—

"My Physic's great because 'tis small,
And would be greater were it none at all."

That is the whole argument of homœopathy in a couplet."

Philadelphia Lancet.—Medical periodicals are increasing in this country, quite as rapidly as the practitioners who are to be their readers. Within the last few months no less than six new ones have been added to our exchange list, all of which manifest the energy necessary to conduct a Medical Journal, and most of them give evidence that they will live and thrive, and perhaps attain quite a respectable *old age*. The Philadelphia

Lancet, the last of the list, comes to us in 8 large pages, about the size of those of its London namesake. The first number contains two very interesting and practical original communications, besides the *Clinique* of Professor James McClintock, also an article on the Practical Cure of Inguinal Hernia, by M. Varette, and the editor's "aims and purposes." With such efforts as are made by the publishers to get their first number before the profession, it is hoped that they will be able to secure two thirds, at least, of the physicians sent to, as *paying subscribers*. It is to be published bi-monthly, at the low price of one dollar per year, by Messrs. Campbell & Power. Dr. T. D. English will be its editor.

Suffolk District Medical Society.—At the stated meeting of the Suffolk District Medical Society, held last Wednesday, it was unanimously voted to have the meeting for medical improvement on the last Saturday of the month, as formerly, instead of the first Thursday. A very unprofitable discussion took place relative to the alleged infringement of the By-laws, by one of the members, who was arraigned before the society by a committee appointed at a previous meeting. While we have the greatest respect for the trial committee, we cannot but think that in the case alluded to, they transcended their powers, by bringing before the society matters which properly belong to a legal tribunal. This committee certainly had most onerous and unpleasant duties to perform, and they deserve the thanks of the society for their zeal in bringing parties accused of misconduct to trial by their peers. Yet there are *some things* over which the society has no control, and which should not be meddled with by it. If we would have the members perfect in their ethics, it should be our endeavor to adhere to the excellent code recommended by the American Medical Association. There are sometimes extenuating circumstances, in cases of alleged violation of the laws of the society, and when it may with propriety be said, "he that is without sin, let him cast the first stone."

Transylvania University.—The annual catalogue of graduates in the medical department of Transylvania University, Lexington, Ky., for the session of 1849 and 50, together with the faculty's announcement for the spring session of 1851, has been issued. The degree of doctor of medicine was conferred on 35 gentlemen the last year. The Lexington Society give fifty dollars, or a gold medal, or any other article of that value, for the best medical thesis submitted for the degree of doctor of medicine in the University. Dr. H. P. Hitchcock, of Kentucky, received the last prize. The subject of his thesis was Medical Education.

New Tongue Holder.—The use of such an instrument, in many operations on the mouth and the organs contained within it, is often indispensable to expedition and perfection. In cauterizing the upper part of the œsophagus in chronic inflammation, also in tonsillitis, elongated uvula, and in many other diseases to which the posterior mouth is subject, requiring surgical interference, the tongue offers much impediment from its involuntary movements and unmanageableness. Likewise, in many dental operations, it presents considerable difficulty to complete such with safety and comfort to the patient. Many instruments have, from time to time, been invented to overcome this unruly member, but with various and in-

complete success, from the fact that none, as yet, have been adopted by general use, and few have stood the test from others than the inventors. Mr. Jamet, dentist, of Baltimore, has recently invented an instrument for this purpose, which has certainly much to recommend it, in its simplicity and neatness, being formed of a very thin steel spring, three-eighths of an inch in width, and perhaps six inches in length, so bent as to press upon the tongue and underneath the chin, fitting the irregularities, passing from within the mouth, over and under the chin. We have used it in several instances, much to our satisfaction, and doubt not it would give equal pleasure to all who will try it.—*American Journal of Dental Science.*

Treatment of Chorea by Frictions with Chloroform.—M. GASSIER has published three cases of chorea cured by the topical application of chloroform. The first was that of a child, seven years of age, in whom the disease was caused by fright. A liniment composed of equal parts of chloroform and oil of sweet almonds was rubbed, night and morning, along the course of the spine. From its first employment the violence of the muscular movements was moderated, and in six days the patient was cured. The second case was that of a boy, twelve years of age, in whom the disease had appeared two months before as the effect of fright. The spasmodic movements were so violent that he could hold nothing in his hands, nor walk without help. At the end of a fortnight, under chloroform frictions, the disease had disappeared. A relapse, however, occurred, which was cured in two days by a return to the same means. In the third case, of five months' standing, the result, also, of fright, the symptoms disappeared in seven days under chloroform frictions.—*L'Union Médicale.*

Medical Miscellany.—Dr. Alexander H. Stevens has been chosen President of the New York Academy of Medicine.—The editor of the American Journal of Dental Science estimates the amount of gold foil used in the United States for filling teeth at 6,600 ounces annually—worth about \$198,000.—The Boston bill of mortality for last week shows a very small number of deaths—14 below the weekly average for the healthy year just passed, which average was about that for the month of January last.—The American Society of Dental Surgeons have rescinded the *amalgam pledge*, so called—which pledge was intended to exclude from the society all dentists who used amalgams and mineral pastes in filling teeth.—A work on electro-magnetism in rheumatism has been published in London.

TO CORRESPONDENTS.—Dr. Jones's cases of Wounds of the Knee-Joint; Dr. Davidson's remarks on Incurvation of Nails, and Dr. Winslow's case of Tumor of the Ovarium, have been received.

MARRIED.—In Boston, Alexander B. Russell, M.D., of New Orleans, to Miss Martha P. Brown, of Boston.—At Pensacola, Fla., Dr. J. B. Greenhow to Miss Mary Pearson, daughter of Capt. John Pearson, all of Pensacola Navy Yard.

Deaths in Boston—for the week ending Saturday noon, Jan. 18th, 56.—Males, 36—females, 20. Accidental, 3—inflammation of the bowels, 1—consumption, 9—convulsions, 1—canker, 2—cramp, 1—croup, 1—debility, 1—diarrhoea, 1—erysipelas, 2—fever, 2—typhus fever, 3—scarlet fever, 3—lung fever, 7—hemorrhage, 1—hooping cough, 1—infantile, 4—inflammation of the lungs, 3—measles, 3—rheumatism, 1—smallpox, 1—scrofula, 1—disease of the spine, 1—tumor, 1—unknown, 2.

Under 5 years, 25—between 5 and 20 years, 5—between 20 and 40 years, 15—between 40 and 60 years, 10—over 60 years, 6. Americans, 25; foreigners and children of foreigners, 31.

Health of St. Louis.—For several weeks past, during the warm Indian summer weather, cases of cholera have frequently been admitted into our hospitals, usually taken from boats coming from the Ohio river, but occasionally, however, originating here. So far as our observation has extended, the cases have been well marked in their character, and rapid in their progress, generally proving fatal. With this exception our city is, and has been, unusually healthy. We are unable to account for the existence of cholera among us at this season, except it be that the peculiar poison which gives rise to it, still lurks in the atmosphere, and only requires to be developed by some one of the exciting causes. The boats from New Orleans are almost entirely exempt from the disease, while those from the Ohio river have been seriously scourged.—*St. Louis Med. and Surg. Jour.*

Poisoning.—A return has been printed by order of the British House of Commons, of the number of persons, male and female, tried in the United Kingdom for murder, and attempts to murder, by the administration of poison, from the year 1839 to the year 1849, both inclusive. The number of persons so tried in England and Wales, during the ten years, was 154—namely, 69 males and 85 females; the number of convictions on either charge was 66. In Scotland the trials for murder by poison, since 1839, have been only 9—2 males and 7 females; the convictions were 3. The trials for attempts to murder were 6—3 males and 3 females. Total trials in Scotland, 15; total convictions, 7. In Ireland the trials amounted to 56—25 males and 31 females; and the convictions were 13. In 1839 there occurred only one conviction in Ireland for murder by poisoning; in 1841 there were 5 convictions found against 10 persons accused. In 1849 the number of indictments was 13—7 males and 6 females; and the convictions 3.—*Edinburgh Monthly Medical Journal.*

Sale of Poisons in France.—A Government decree of the 18th July had specified the following as substances to be kept and sold with especial precautions:—Hydrocyanic acid; the poisonous vegetable alkaloids, and their salts; arsenic and its preparations; belladonna, cantharides, chloroform, conium, cyanide of mercury, cyanide of potassium, digitalis, hyoscyamus, tartar emetic, nitrate of mercury, nicotin, opium, phosphorus, ergot of rye, stramonium, and corrosive sublimate.—*L'Union Médicale.*

New Test for the Detection of Sulphate of Quinine.—By M. VOGEL, Jun. of Munich.—When a concentrated solution of ferro-cyanuret of potassium and a few drops of chlorine are added to an alcoholic solution of quinine, the liquid assumes a clear red color. If the solution of prussiate be not concentrated, the addition of a few drops of ammonia will produce the tint. The same test is applicable to dry quinine. No other organic base produces the same effect, according to M. Vogel: this test may therefore be relied upon for the presence of quinine.—*Journal de Chimie Médicale.*

Etiology of Tuberculization.—M. Piorry read an essay by M. Wanner, in which the author attributes the production of tubercle to the presence of lime in the soil of the district in which the patients reside, and stated that at Sologne, where the soil to a great depth consists entirely of silica and alumina, he had never met with a case of the disease.—*Acad. Med., Paris.*